

Daughter of A. A. A. A. A.

Died at *Frostburg* ^{Town} *Allegany* ^{County}

MARYLAND

Date 189 *8* ^{Month} *Aug* ^{Day} *19* Age *2* ^{Y.} *15* ^{M.} *md* ^{D.} Native of *md* Occupation *—*

Male *White* *Married* *Widow* *Divorced*

Female *Colored* *Single* *Widower* Number of children living *—*

Husband of *August A. A.*

Father's Name *August A. A.* Mother's Name *—*

Cause of Death { Primary *Marasmus* How long sick *—*

Death { Immediate *Dysphagia* Accident, Suicide, Homicide *—*

Reported by *A. B. A.*

Address *Frostburg*



Name in Full

Certificate of Death

Willie Irene Bradley

Town

County

Died at

Sonoma

Allegheny

MARYLAND

Date 189

8

Month

Day

Aug - 10

Age

Y.

M.

D.

Native of

Occupation

3

6

9

U. S.

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

James Bradley

Mother's

Name

Rebecca Bradley

Cause of

Primary

Cholera Morbus

How long sick

8 1/2 hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

M. Gibson Porter 129

Address

Sonoma Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



100

Martha Bratcho

Town

County

Died at *Lord**Allegheny*

MARYLAND

Date 189 *8* Month *8* Day *12* Age *0 5 2* Y. *0* M. *5* D. *2* Native of *Md* Occupation *—*
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name *Stephen Bratcho* Mother's Name

Cause of { Primary *Cholera Infusion* How long sick *2 days*
 Death { Immediate *Convulsions* *82* Accident, Suicide, Homicide

Reported by *C. T. Brackman*

Address *Tonaconing Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Bertha Broderick

Died at

Town

Lonaconing

County

Allegheny

MARYLAND

Died at

Date 189

8

Month

Aug

Day

14

Y.

1

M.

9

D.

1

Native of

Allegheny Co

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

~~Number of children living~~~~Husband~~~~Wife~~

Father's

Name

Patrick Broderick

Mother's

Name

Ladie Colman

Cause of

Primary

Tubercular Meningitis

How long sick

21 Days

Death

Immediate

Coma

Accident, Suicide, Homicide

Reported by

Address

James O. Bullock M.D.
Lonaconing Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Lewis Clark

Town

County

Died at near Barton

Allegheny

MARYLAND

Date 1898 Aug 2

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898

Aug 2

Age 26

17

Barton

/

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name Jefferson Clark

Mother's Name Emma Clark

Cause of Death { Primary Diphtheria

93

How long sick 9 days

Death { Immediate Edema of lungs

Accident, ~~Suicide~~, ~~Homicide~~

Reported by J. V. Boucher, M.D.

Address Barton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

189

Aug 12

Age

13 2 20

Cumb

None

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~~~Husband~~

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Typhoid Fever

How long sick

16 day

Death

Immediate

Perforation

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Date 189

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mary Cosgrove

Town

County

MARYLAND

Borden Shaft

Y. M. D.

Native of

Occupation

8 Aug 10

Age

73

Ireland

Housewife

Female

White

~~Married~~~~Widow~~~~Divorced~~~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Mother's
Name

Primary

Immediate

Old age

fracture of thigh

How long sick

7 days

Accident, Suicide, Homicide

J. J. Price

Frostburg

Md

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

N. E. Crump

Town

County

Died at

Frostburg

Alleghany

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 - 21

Age

78

England

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 6

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Frostburg Forum Aug. 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1896



Martley Stanley Dean

Town

County

Died at Green Ridge Allegany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898 Aug 9th Age 1 Year & 8 months W. Va.

Male

White

~~Marr~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband
of

~~Wife~~~~Former~~~~Name~~

Emhart Dean

Mother's

Name

Cause of { Primary Hooping Cough & Dysentery, some time

How long sick

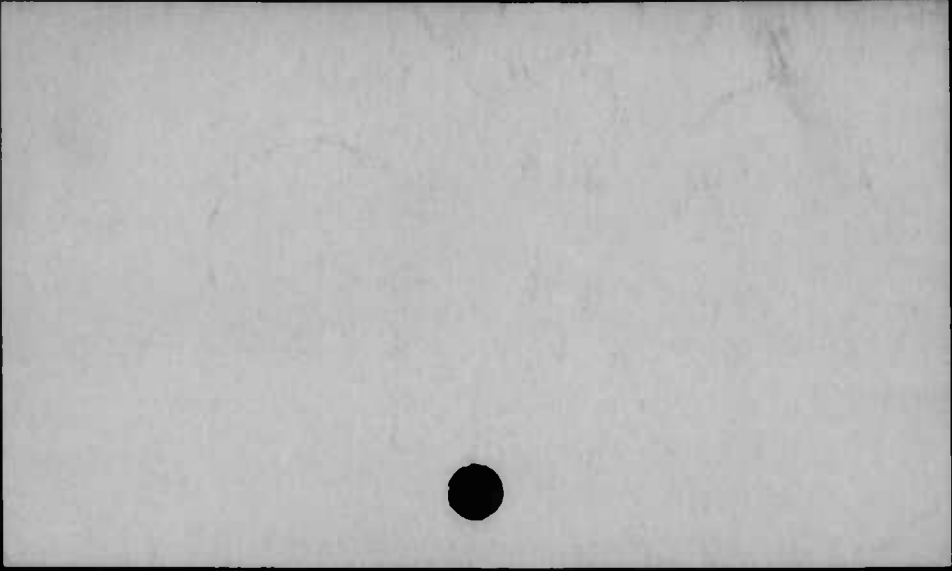
Death { Immediate Congestion of brain with convulsions

~~Accident, Suicide, Homicide~~

Reported by

Address

W. B. Smith M.D.
Fair Park Morgan Co W. Va.



Name in Full

Certificate of Death

Hanna L Duckworth

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Somers Point Allegany 8 Aug 26 Age 84 8 22 Allegany Co Housewife

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 6

Widow of
Wife

Father's

Mother's

Name

Name

Cause of

Primary

How long sick

Death

Immediate

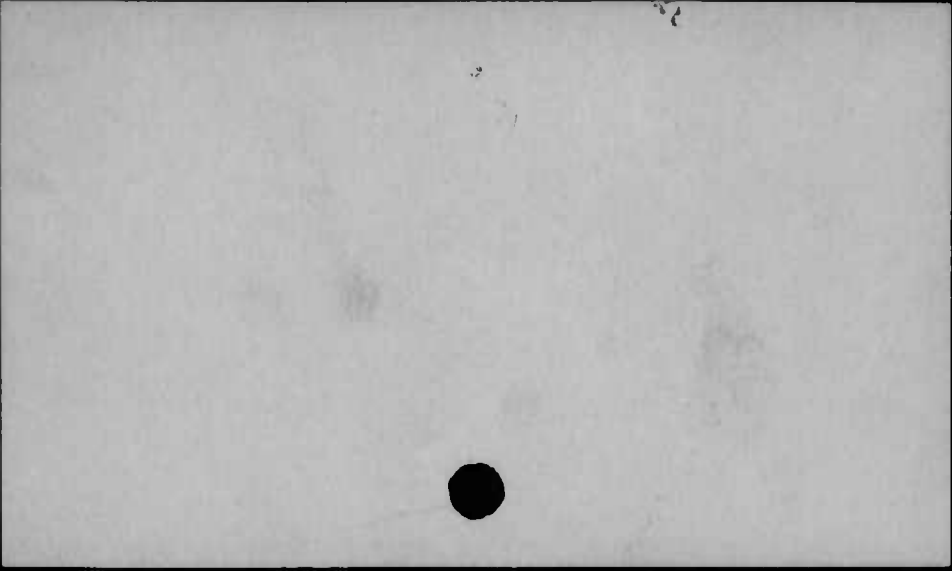
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

James Duffly

Duffly

Town

County

MARYLAND

Died at

Cumberland

Alligany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

P

8 - 24

Age

28

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Crushing

14²

How long sick

Death

Immediate

(Fall of coal)

Accident, ~~Swindle, Hummer~~

Reported by

Frederick Forum

Aug. 27

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lizzie Belle Peterson

Town

County

Died at

Lonacoring

Allegheny

MARYLAND

Date 189

8

Month

Aug

Day

24

Y.

Age 12

M.

2

D.

14

Native of

W. D.

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~~~Wife~~

Father's

Name

Wm. Peterson

Mother's

Name

Peterson

Cause of

Primary

Epilepsy

47

How long sick

6 days

Death

Immediate

Congestion of Brain

~~Accident Suicide Homicide~~

Reported by

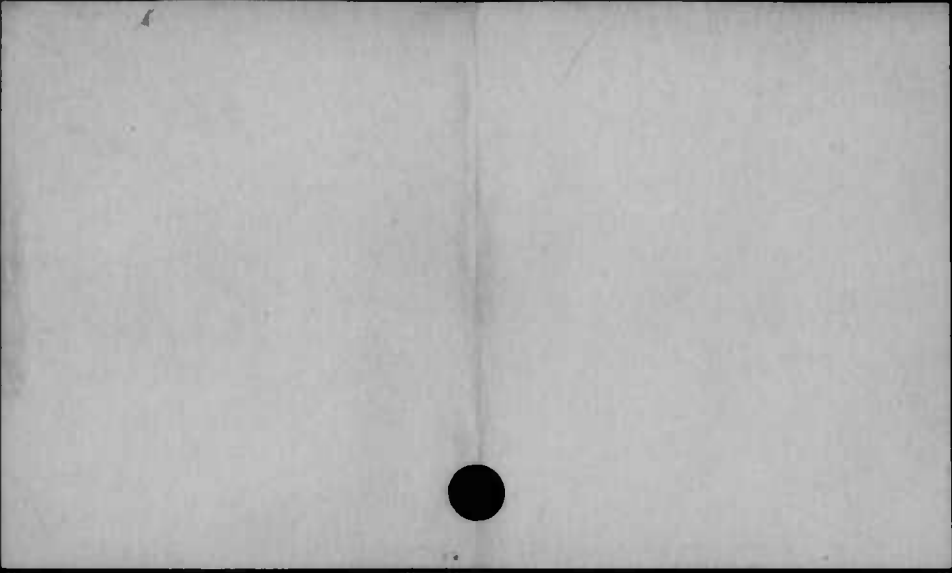
M. Gibson Porter

Address

Lonacoring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05968



Name in Full

Certificate of Death

W. Jacob Hadra

Town

County

Cumberland Allegany

MARYLAND

Died at

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

8

26

Age

28

Restaurateur

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Mary J.

Cause of

Primary

Typhoid fever

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Cumberland Daily News

Aug 27th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Date 189

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Water Keeler

Town

County

MARYLAND

Died at

Date 189

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

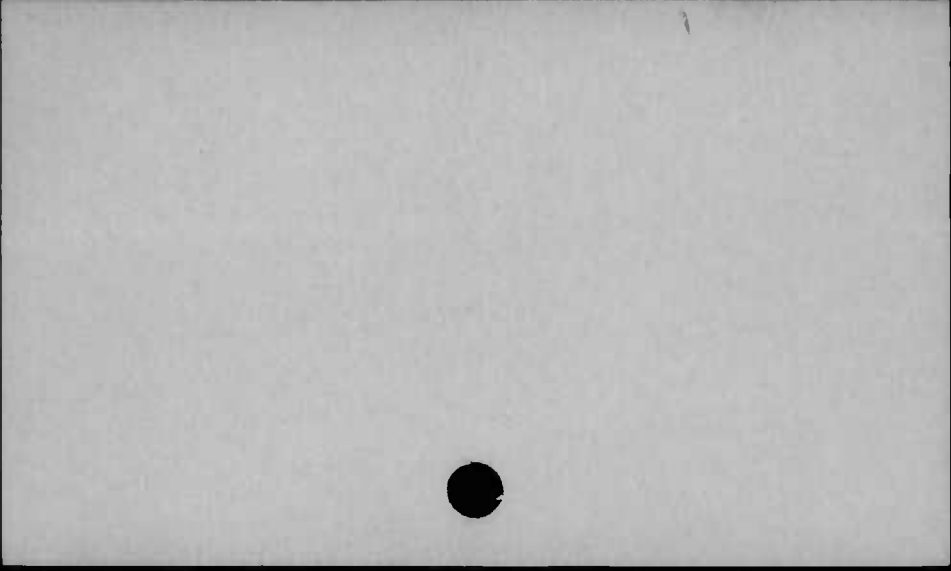
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Kenney
 Town County

Died at

Ocean

County

Allegheny

MARYLAND

Date 1898

Month Day

Aug 31

Age 100

Y. M. D.

Native of

Ireland

Occupation

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Singl~~~~Widower~~

Number of children living

4

Husband

Wife

Father's

Name

Patrick Burns

Mother's

Name

Ann Bolan

Cause of

Primary

Bronchitis

69

How long sick

3 weeks

Death

Immediate

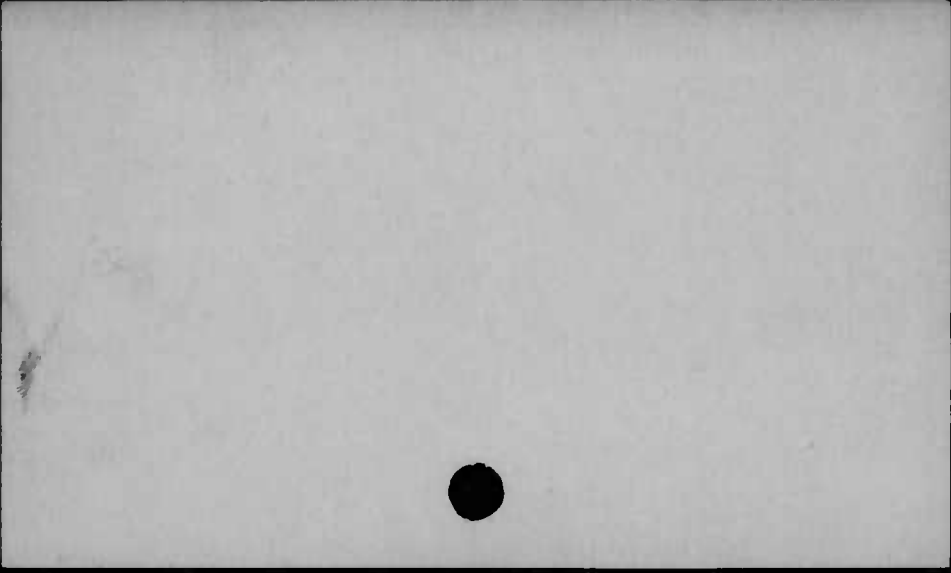
~~Accident, Suicide, Homicide~~

Reported by

Address

Ocean

Md



Name in Full:

Certificate of Death

John Robert Lookabugh.

Town

County

Died at

Cumberland

Allegany.

MARYLAND

Date 1898 Aug 4th Y. 5 M. 11 D. md Native of md Occupation md

Male White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

~~Husband~~ of ~~Wife~~

Father's Name John West Lookabugh Mother's Name Mary A. Houch

Cause of Primary Scrofula.Death Immediate Dysentery.

How long sick

One week~~Accident, Suicide, Homicide~~

Reported by

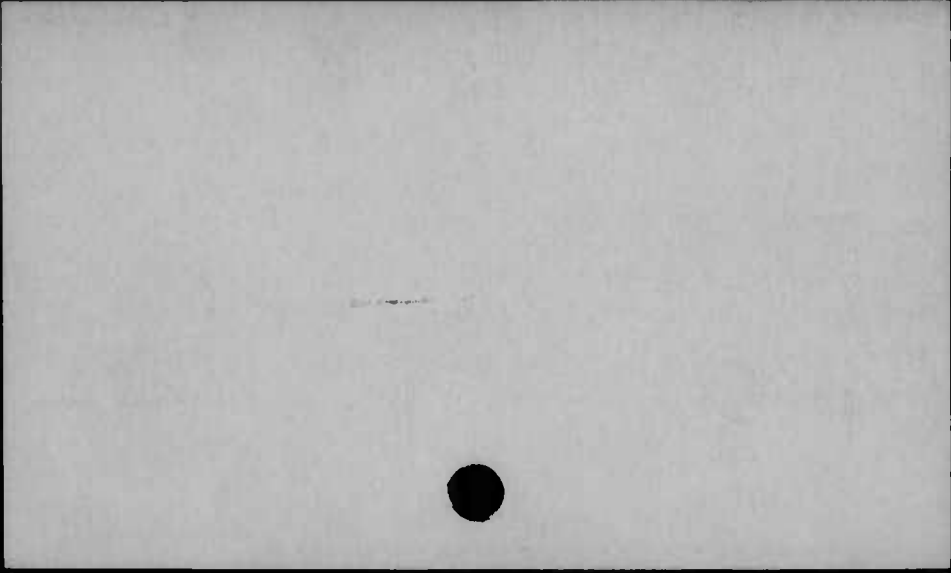
H.B. Miller

Address

Cumberland Md23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Patrick McCaffrey

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 Aug 6

Age

56

Ireland

Miner

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Diabetes

How long sick

36 hours

Death

Immediate

Coma

Accident, Suicide, Homicide

Reported by

A. P. Price

Address

Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55905



Name in Full

Certificate of Death

Mr. Robt. McGregor

Died at Middlebush, Ky. MARYLAND

Date 189 8 Aug 16 | Age 20 | Y. M. D. | Native of | Occupation housewife
~~Male~~ White | Married | Widow | Divorced
Female | ~~Colored~~ | ~~Single~~ | Widower | Number of children living 1

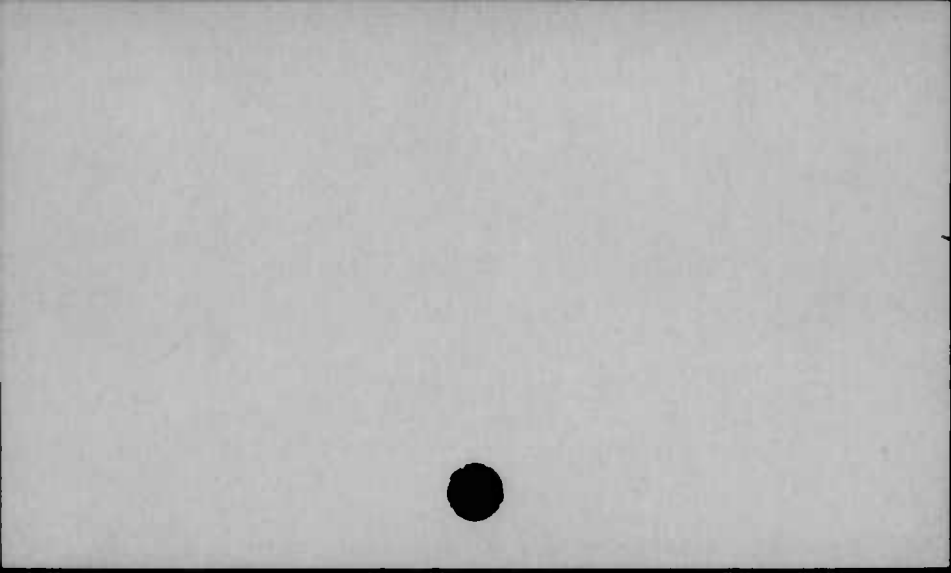
Husband of Robt. McGregor
 Wife of Beotiner
 Father's Name Beotiner | Mother's Name

Cause of Death { Primary Puerperal fever | Immediate
 How long sick 21 days
 Accident, Suicide, Homicide

Reported by A. B. Price
 Address Ft. Worth

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Mrs Emily Miller

Died at Frostburg Allegany

MARYLAND

Date 1898 Aug 28

Month Day M. D. Native of

Age 78

Male White Married Widow Divorced

Female Colored Single Widower

Occupation none

Husband of

Wife

Father's Name

Mother's Name

Cause of Death

Primary Immediate

Tumors on meninges

Exhaustion

How long sick 3 months

Accident Suicide, Homicide

Reported by

J. J. Price (M.D.)

Address Frostburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 189

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

MARYLAND

Robert Murray

Mother's

Name

How long sick

4 days

Accident, Suicide, Homicide

Dysentery

A. J. Horne

LIBRARY BUREAU, 65965



Francis J. Nolan

Town

County

MARYLAND

Died at

Lincolnton Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

Aug 3

Age

67

M.D.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John Cummings

Mother's

Name

Estella Nolan

Cause of

Primary

Enterocolitis

How long sick

one week

Death

Immediate

Meningitis

Accident, Suicide, Homicide

Reported by

W.D. Killing

M.D.

Address

Lincolnton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Maurice Pennington

Died at *Cumbrland* Town County

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
8	8	10	5				
Male	White	Marr	Widow			Divorced	
Female	Colored	Single	Widower			Number of children living	

Husband of

Wife

Father's

Name

Mrs. Pennington

Mother's

Name

Mrs. M. Pennington

Cause of

Primary

Diphtheria

How long sick

2 wks

Death

Immediate

Heart Failure~~Accident Suicide, Homicide~~

Reported by

Geo. L. Broadnax M.D.

Address

100 Va. Av.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55569



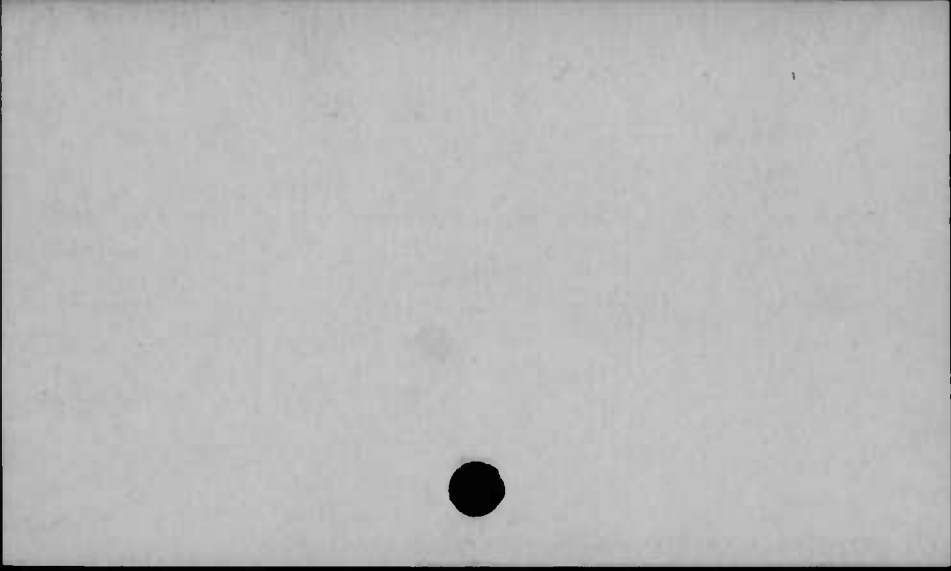
Name in Full

Certificate of Death

Died at		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Date 189	8	Month 8	Day 25	Age 6	Y.	M.	D.
Male		White		Married		Widow	
Female		Colored		Single		Widower	
Husband of		Wife		Divorced		Number of children living	
Father's Name		<i>Frank Luantzy</i>		Mother's Name			
Cause of	Primary	How long sick					
Death	Immediate	Accident, Suicide, Homicide					
Reported by		<i>Cumberland, Independent, Aug 26</i>					
Address							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965



Name in Full

Myrtle Susan Saunders

Town

County

Bilmore

Allegany

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

9

9 20

Age

1

-

-

-

Married

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

David H. Saunders

Mother's

Name

Alice J. Saunders

Cause of

Primary

Chorea Infantum 1 week

How long sick

Death

Immediate

Convulsions

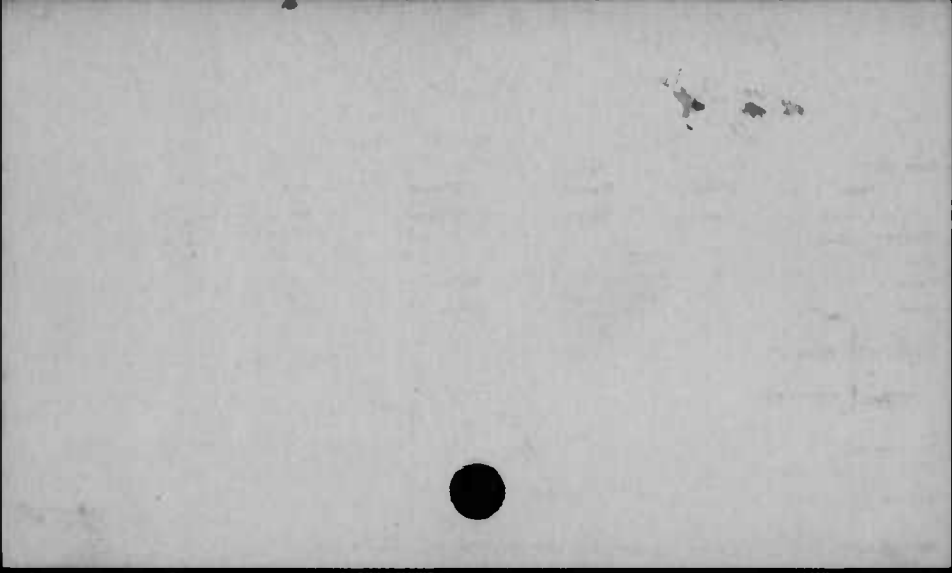
Accident, Suicide, Homicide

Reported by

Address

J. H. Carpenter M.D.
Midland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

W. A. Simmons

Town

County

Died at

Cumberland

Alleg.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898

Aug

25

Age

60

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

6

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Typhoid fever

1

How long sick

4 wks.

Death

Immediate

Intestinal hemorrhage

Accident, Suicide, Homicide

Reported by

Dr. Staushung

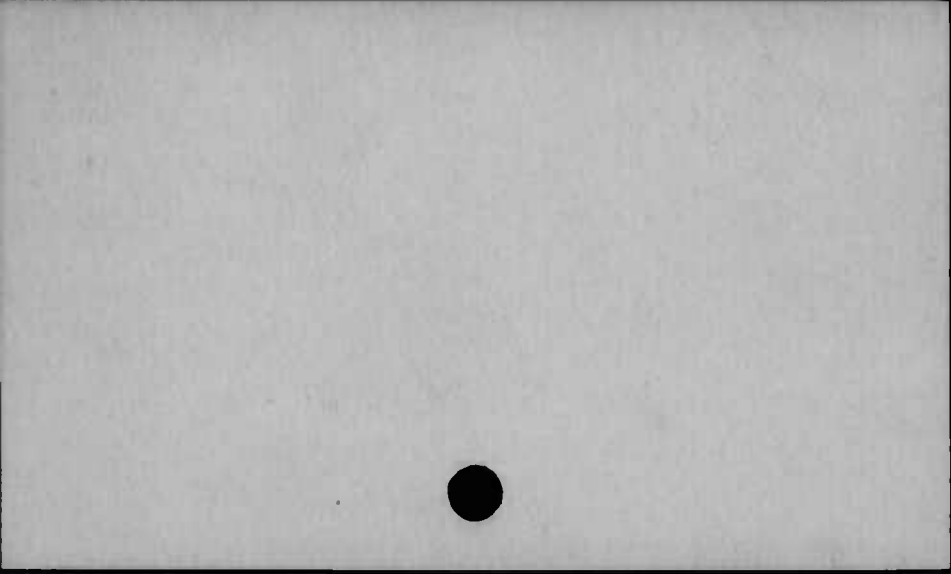
Address

24 N. Centre St

Cumberland Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1916



Suncan Sloan

Town

County

Died at

MARYLAND

Died at Conaconing, Allegheny
 Date 189 8 Aug. 22 Y. M. D. 9-15 Native of U. S.
 Male White ~~Married~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband

Father's
Name

John Sloan

Mother's
Name

Elizabeth H. Sloan

Cause of

Primary

Tubercular Meningitis

How long sick

2 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

M. Gibson Porter Jr

Address

Conaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Smith

Town

County

Died at

MARYLAND

Date 189

8

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 24

Age

28

Cumberland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

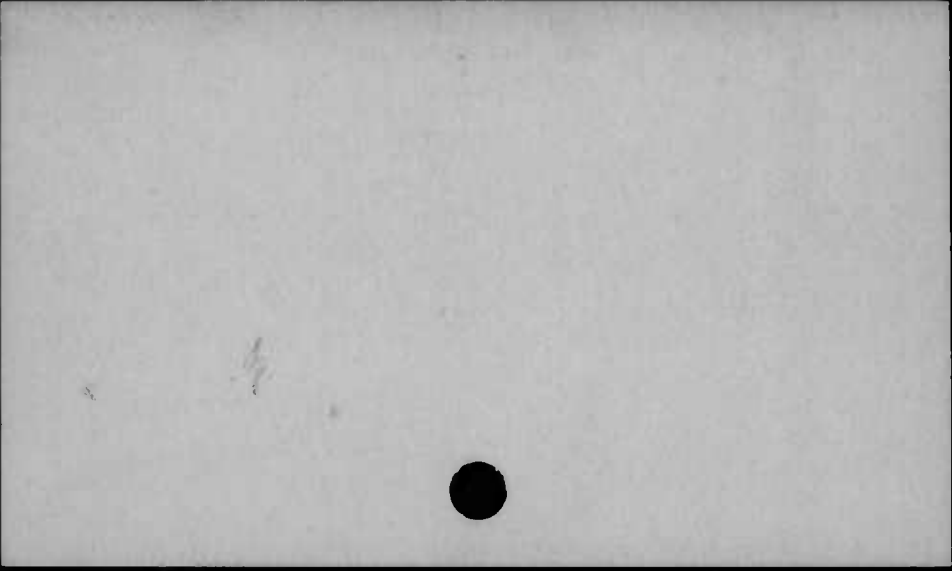
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 60000



Name in Full

Certificate of Death

Ernest Jay In

Town

County

MARYLAND

Died at near Cumberland

Alleghany

Date 1898 8 - 27 Age 16- Y. M. D. Native of Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

John T. Taylor

Mother's
Name

Cause of Primary

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by

Gusie Frederick
9-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

~~Academy to Ruth Weibred~~

Town

County

Died at

MARYLAND

Month

Day

M.

Native of

Occupation

Date 189

8 Aug 16

Age

17

Male

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Henry Weibred

Mother's
Name

Cause of

Primary

How long sick

8 days

Death

Immediate

Dysentery

Accident, Suicide, Homicide

Reported by

Address

H. Weibred

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Ellen Wells

Town

County

Died at

Cumberland Allegany

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 21

Age

36 4 20

Md

House keeper

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living None

~~Husband~~ of

Wife

Father's

Name

Chas. Wells

Mother's

Name

Jas. Bates

Susia Bates

Cause of

Primary

Chronic Nephritis 97

How long sick

2 wks.

Death

Immediate

Uremia

~~Accident, Suicide, Homicide~~

Reported by

Address

Jno. H. Gonyea M.D.
65 N. Mechanic St City



Name in Full

Certificate of Death

Lucinda Williams

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8 Aug 18

Age 72

Widow Farmer

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Senility

How long sick

Death

Immediate

Indigestion

~~Accident, Suicide, Homicide~~

Reported by

J. M. Price

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Henry Ross Williamson

Town

County

Died at

MARYLAND

Date 189

Month

Day

M.

D.

Native of

Occupation

August 27

Age

11

White

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Mother's

Name

Name

William H. Williamson

Allie Williamson

Cause of

Primary

Inflammation of Brain

How long sick

10 days

Death

Immediate

Convulsions 42

Accident, Suicide, Homicide

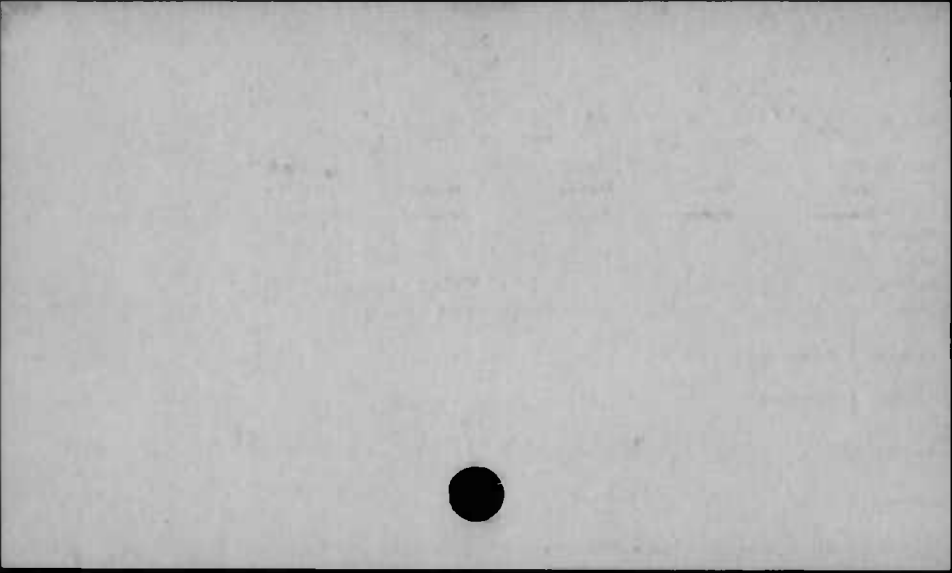
Reported by

J. V. A. Carpenter, M.D.
Midland Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Maggie Marie Wilson

Died at ^{Town} Middlothian ^{County} Alleghana MARYLAND

Date 189 8 ^{Month} Aug ^{Day} 14 Age 11 ^{Y.} 11 ^{M.} 11 ^{B.} Ind ^{Native of} Ind ^{Occupation}

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband

Wife at

Father's Name Arthur Wilson Mother's Name Sarah Wilson

Cause of Death { Primary Cholera Infantum Immediate Convulsions How long sick 12 Hours

Accident, Suicide, Homicide

Reported by Dr. F. L. Chymer 82Address Middlothian Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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